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Pabst Patent Group LLP
400 Colony Square, Suite 1200
1201 Peachtree Street
Atlanta, GA 30361Telephone (404) 879-2150
Telefax (404) 879-2160information@pabstpatent.com
www.pabstpatent.com

TELEFAX

Date: September 21, 2005 Total pages: 6 including cover
To: US PTO Telephone: Telefax: 571-273-8300
From: Rivka Monheit Telephone: 404-879-2152 Telefax: (404) 879-2160
Our Docket No. MBX 017 CON (2) Client/Matter No. 077832/00154
Your Docket No.

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Gjalt W. Huisman, Frank A. Skraly, David P. Martin, and Oliver P. Peoples

Serial No: 10/773,916

Art Unit: 1652

Filed: February 6, 2004

Examiner: Charles L. Patterson, Jr.

For: *Biological Systems for Manufacture of Polyhydroxyalkanoate
Polymers Containing 4-Hydroxyacids*

Attachments:

Transmittal Form PTO/SB/21

Fee Transmittal Form PTO/SB/17

Change of Correspondence Address for Application

Revocation of Power of Attorney with New Power of Attorney and Change of
Correspondence Address

Statement Under 37 CFR 3.73(b)

{45060481.1}

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NO. 5516 P. 2

SEP 21 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

10/773,916

Filing Date

February 6, 2004

First Named Inventor

Gjalt W. Huisman

Art Unit

1652

Examiner Name

Charles L. Patterson, Jr.

Attorney Docket Number

MBX 017 CON (2)

ENCLOSURES (Check all that apply)

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/
Incomplete ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional ApplicationPower of Attorney, Revocation
Change of Correspondence Address

Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____

☐ Landscape Table on CD

Remarks



After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):Change of Correspondence
Address for Application, and
Statement Under 37 CFR 3.73(B)**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Pabst Patent Group LLP

Signature



Printed name

Rivka D. Monheit

Date

September 21, 2005

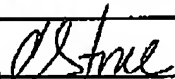
Reg. No.

48,731

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Typed or printed name

Carla Stone

Date

September 21, 2005

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SEP 21 2005

NO. 5516 P. 3

PTO/SB/17 (12-04)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/773,916
Filing Date	February 6, 2004
First Named Inventor	Gjalt W. Hulsman
Examiner Name	Charles L. Patterson, Jr.
Art Unit	1652
Attorney Docket No.	MBX 017 CON (2)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

- 20 or HP = 0 x = **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = 0 x = **Fee (\$)** **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = / 50 = (round up to a whole number) x = =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature	<i>Rivka D. Monheit</i>	Registration No. (Attorney/Agent)	48,731	Telephone	(404) 879-2152
Name (Print/Type)	Rivka D. Monheit	Date	September 21, 2005		

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